



OWCP REGION IX - SAN FRANCISCO
Federal Employees' Compensation Program

**FEDERAL EMPLOYING AGENCIES (EAs): TIPS TO EXPEDITE PROCESSING BILLS, FORMS,
& CORRESPONDENCE FOR FEDERAL WORKERS' COMPENSATION CASES**

- ✱ **USE ASSIGNED GEOGRAPHIC CASE NUMBERS:** This is the injured workers' (IW's) mailing address zip code followed by 9-digits (starting with "13" for this FEC District). Example: 99999-13-1111111. Use it on each page of each case document. If IW's mailing address zip code changes, the case number changes accordingly.
- ✱ **ENSURE THAT PROVIDERS' BILLS (originals, no duplicates/copies) ARE ON CORRECT FORMS:**
 - (1) Providers who **must** submit itemized bills on a **legible, completed** Form HCFA 1500/OWCP 1500:

Medical Doctors (M.D.)	Medical Groups	Medical Clinics	Osteopaths (D.O.)
Laboratories	Acupuncturists	Chiropractors (D.C.),	Psychologists (PhD)
Physical Therapists (RPT)	X-Ray Technicians/Radiologists		
 - (2) Providers who **must** submit bills on a **legible, completed** Form UB-82/UB-92 or equivalent form

Hospitals	Medical Centers (if a hospital)	Outpatient Surgical Centers
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 - (3) Providers who can submit itemized bills on their **legible, completed** forms (prefer 8 1/2" x 11" size)

Ambulance Services	Pharmacies/Drug Stores	Dentists	Other services
Medical Supplies/Equipment	Nursing Homes	Nursing Services	
- ✱ **ENSURE THAT PROVIDERS' BILLS CONTAIN INFORMATION REQUIRED FOR PROCESSING:**
 - **Geographic case number**
 - IW's full name spelled correctly
 - Provider's 9-digit EIN (Federal Tax ID) number
 - Provider's complete billing name & address (incl.zip)
 - Bill itemized by AMA CPT-4 code (only one code per line). Cannot consider "balance forward" charges.
 - Revenue Center Codes for non-procedural services [Category 2 above]
 - Current AMA CPT-4 codes (USDOL cannot use State codes, such as, CA CPT codes)
 - Provider's signature with degrees or credentials (stamps accepted) [Category 1 above]
- ✱ **ENSURE CORRECT SUBMISSION OF REQUESTS FOR REIMBURSEMENTS FOR BILLS PAID BY IW:**
 - ♦ IW must claim travel expenses on Standard Form 1012, "Travel Voucher" or equivalent Gov't form. Can submit other reimbursement requests in any 8 1/2" x 11" format with required information.
 - ♦ Same information required as for bill submission (see above). Except for travel vouchers and pharmacy reimbursements, provider's 9-digit EIN (Fed. Tax ID) number must be on reimbursement request. Tape (don't staple) receipts on 8 1/2" x 11" piece of paper.
 - ♦ IW must submit proof of payment either in the form of an itemized bill or receipt that clearly shows payment was made or photocopies (not originals) of canceled checks - front and back.
- ✱ **SPEED PROCESSING OF BILLS/FORMS/CORRESPONDENCE TO OWCP:**
 - Make sure the geographic case number and IW's name are stated on each page of each document.
 - Do not attach cover sheets to any documents (they are discarded).
 - Do not forward duplicates of any documents (e.g., duplicate medical reports).
 - Make sure that Forms CA-1, 2, 2a, 7, or 8 are on top of any group of documents for priority action.
 - Submit Forms CA-1, 2, 2a, 7, or 8 within the time frames required by regulations. Do not wait for the initial medical report to submit Forms CA-1 or CA-2.
- ✱ **FACILITATE PROCESSING ON NEW CASES:** Ask medical providers to submit all bills, medical reports, and other documents, through the EA until the provider is advised of the case number. Once an EA submits Form CA-1, "Notice of Injury," to OWCP, hold bills/forms/correspondence received until EA receives the postcard with case number. Then, post the case number on each document and submit them to the correct P.O. Box. If any documents come to EA at the time the CA-1 is received, send as attachments to the CA-1.
- ✱ **USE CORRECT ADDRESS:** Send **ALL** medical/other bills (originals only) and IW's requests for reimbursement to OWCP at P.O. Box 193798 (zip code 94119-3798). Send **ALL** case-specific documents (forms, medical reports, and correspondence) to the P.O. Box address of the Claims Section with jurisdiction over the IW's mailing address zip code. Send correspondence not related to a specific case to the P.O. box below.